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TF	RANS	MITTAL `	MADO	Filing Date		Novem	ber 7,	2001			
	FO	RM		First Named Inventor		De et al.					
				Art Unit	,	2661					
(to be used for	all corresp	ondence after initial	filing)	Examiner Name		Robert	W. Wil	lson			
•		This Submission	<i>3,</i>	Attorney Docket	Number	I-2-017	3.1US				
			ENCL	OSURES (	Check all	that apply	)		<del></del>		
Amendm  A  Extensio  Express  Informati  Certified Documen  Reply to Incomple	n of Time Abandonr on Disclos Copy of P nt(s) Missing P tte Applica Reply to Mi	eclaration(s) Request ment Request sure Statement		Drawing(s)  Licensing-related Provision to Convert Provisional Application for Attorney, Change of Correspondent Provisional Disclaimed Request for Refund CD, Number of CD Landscape Taks	to a tion Revocation ondence A r	ddress		Appea of App Appea (Appea Proprie	Enclosure(s) (	tion to Board ferences tion to TC Reply Brief)	
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I hereby certify that postage as first cla the date shown bel	ss mail in a	spondence is being	facsimile tr	ATE OF TRAN	PTO or dep	osited with	the Unite	ed States Box 145	Postal Service 0, Alexandria,	with sufficient	t 60 on
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Typed or printed name Michael L. Bern								Date	April 19, 20	006	

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (01-06)

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FEE TRANSMITTAL FOR FY 2006  Application Number Application Number First Named Inventor Application PayMent  (\$) 130.00  At Unit 2661  Attorney Docket No. 1-2-0173.1US  METHOD OF PAYMENT  (\$) 130.00  At Unit 2661  Attorney Docket No. 1-2-0173.1US  METHOD OF PAYMENT  (\$) Deposit Account Number: 09-0435 Deposit Account Number: 09-0455 Deposit Account		Complete if Known						
First Named Inventor  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 130.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply)  Check Charge fee(s) indicated below Charge fee(s) indi	· · · · · · · · · · · · · · · · · · ·	Application Number 10/052,943						
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (S) 130.00	FEE IRAN	Filing Date		November 7, 2001				
Art Unit   2661   Attorney Docket No.   I-2-0173.1US	For FY	First Named In	ventor [	otor De et al.				
Art Unit   2661   Attorney Docket No.   I-2-0173.1US		Examiner Nam	ne j	Robert W. Wilson				
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify);  Deposit Account Deposit Account Number, 09-0435 Deposit Account Name: InterDigital Communications Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  MARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)	Applicant claims small entity s	status. See 37 CFR	1.21	Art Unit	2661			
Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number: 09-0435   Deposit Account Name: InterDigital Communications Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	TOTAL AMOUNT OF PAYMENT (\$) 130.00			Attorney Dock	et No. I	I-2-0173.1US		
Deposit Account Deposit Account Number: 09-0435 Deposit Account Name: InterDigital Communications Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee	METHOD OF PAYMENT (check all that apply)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	Check Credit Card	Money Order	Non	e Other	(please ider	itify):		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	Deposit Account Deposit Ac	ccount Number: 09-04	135	Deposit A	Account Nar	ne: InterDigital Co	mmunications Corporation	
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  ARRHING: Information and 1.17  WARRHING: Information on FTO-2038.  FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  I. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  FILING FEES  Small Entity  Application Type  Fee (\$) Fee								
MARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038.    FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
MARKING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)			nents of fe	e(s) X Cred	it any ove	payments		
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BASIC FILING, SEARCH, AND EXAMINATION FEES   Small Entity   Small Entity   Fee (\$)			e upon fi	ling or may be	subject	to a surcharge	e.)	
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Application Type				CH FEES	EXAM	INATION FEES		
Utility   300   150   500   250   200   100	Application Type Fee (	(4)	Fee (\$		Fee (		Fees Paid (\$)	
Design   200   100   100   50   130   65								
Plant   200   100   300   150   160   80								
Reissue 300 150 500 250 600 300								
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee (\$)  Fee (\$)  Fee (\$)  Fee Paid (\$)						• • •		
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)		100	V	U	Ū	O	Small Entity	
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fees Paid (\$)	Fee Description						Fee (\$)	
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)								
Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims    HP = highest number of total claims paid for, if greater than 20.  Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    - 100 =   /50 =   (round up to a whole number)   x   =    4. OTHER FEE(S)	-	er 3 (including Reis	sues)					
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fees Paid (\$)		Ol-:	F	D=:=! (#)				
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Fee Paid (\$)  Fees Paid (\$)	lotal Claims Extra		<u>ree</u>	· Paiα (\$)				
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If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	HP = highest number of independent		= r than 3.	0				
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    1. OTHER FEE(S)  Location thereof   Fee (\$)   Fee Paid (\$)    Fees Paid (\$)	3. APPLICATION SIZE FEE							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 =	listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
100 = / 50 = (round up to a whole number) x = I. OTHER FEE(S) Fees Paid (\$)	sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
I. OTHER FEE(S)  Fees Paid (\$)								
Other (e.g., late filing surcharge): Terminal Disclaimer 130.00								
	UIRMITTED BY							

SUBMITTED BY			
Signature	MBennen	Registration No. (Attorney/Agent) 51,464	Telephone 215-568-6400
Name (Print/Type	e) Michael L. Berman	Date April 19, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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